

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/518586</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing		1	12/21/04
<input type="checkbox"/> Amendment			\$ 100
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND	
10 REASON:		\$ 100	
<input checked="" type="checkbox"/> Overpayment		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> No Fee Due (Explanation):		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
		9 1 5 -- 0 0 3 0	
11 REFUND REQUESTED BY: _____			
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>	
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>	
OFFICE: <u>PCT</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: